

ICMJE DISCLOSURE FORM

Date: 4/20/2024

Your Name: Abhishek Abhishek

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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ICMJE DISCLOSURE FORM

Date: 4/20/2024

Your Name: Antonella Adinolfi

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 4/20/2024

Your Name: Mariano Andrés

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Date: 4/20/2024

Your Name: Uri Arad

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

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Date: 4/20/2024

Your Name: Thomas Bardin

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

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Your Name: Fabio Becce

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 4/20/2024

Your Name: Hyon K Choi

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 4/20/2024

Your Name: Edoardo Cipolletta

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 4/20/2024

Your Name: Nicola Dalbeth

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		AstraZeneca, Novartis, Horizon, Selecta, Arthroci, JW Pharmaceutical Corporation, PK Med, LG Chem, JPI, PTC Therapeutics, Protalix, Unlocked Labs, Hikma, Dexcel Pharma, Shanton Pharma, Sobi, Avalo	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 4/20/2024

Your Name: Hang-Korng Ea

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 4/20/2024

Your Name: Georgios Filippou

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 4/20/2024

Your Name: Emilio Filippucci

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 4/20/2024

Your Name: John FitzGerald

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 4/20/2024

Your Name: Annamaria Iagnocco

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 4/20/2024

Your Name: Matthijs Janssen

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 4/20/2024

Your Name: Augustin Latourte

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 4/20/2024

Your Name: Frédéric Lioté

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 4/20/2024

Your Name: Geraldine M McCarthy

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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Time frame: past 36 months									
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4	Consulting fees	<input checked="" type="checkbox"/> None							
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 4/20/2024

Your Name: Tuhina Neogi

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 4/20/2024

Your Name: Tristan Pascart

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 4/20/2024

Your Name: Roberta Ramonda

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 4/20/2024

Your Name: Pascal Richette

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 4/20/2024

Your Name: Ann Rosenthal

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 4/20/2024

Your Name: Carlo Sciré

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 4/20/2024

Your Name: Ettore Silvagni

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Date: 4/20/2024

Your Name: Silvia Sirotti

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

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ICMJE DISCLOSURE FORM

Date: 4/20/2024

Your Name: Francisca Sivera

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 4/20/2024

Your Name: Alexander So

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None							
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3	Royalties or licenses	<input checked="" type="checkbox"/> None							
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4	Consulting fees	<input checked="" type="checkbox"/> None							
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 4/20/2024

Your Name: Lisa K Stamp

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 4/20/2024

Your Name: William J Taylor

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 4/20/2024

Your Name: Sara K Tedeschi

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 4/20/2024

Your Name: Robert Terkeltaub

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 4/20/2024

Your Name: Tim L Jansen

Manuscript Title: Features associated with different inflammatory phenotypes of calcium pyrophosphate deposition (CPPD) disease: Case-control study using data from the international ACR/EULAR CPPD classification criteria cohort.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 347 1490 450"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 562 1490 665"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 770 1490 873"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.